



Extraordinary Care Committee Checklist

Behavioral Health Division,
Developmental Disabilities Section
Phone (307) 777-7115
Fax (307) 777-6047

Participant Legal Name: Click here to enter text.	Participant Age: Click here to enter text.	Presenting PSS Name: Click here to enter text.
Waiver: Click here to enter text.	Medicaid ID#: Click here to enter text.	Case Manager Name: Click here to enter text.
Is the participant currently on another waiver? Click here to enter text.	If yes, which waiver? Click here to enter text.	Case Manager Phone Number: Click here to enter text.

Required Documentation from the Participant Support Specialist:

- ☐ ECC Decision Form
- ☐ ECC Budget Worksheet
- ☐ Other Extraordinary information or recommendations from field staff concerning the ECC request

Required Documentation from the Case Manager:

- ☐ ECC Checklist
- ☐ ECC Request Form
- ☐ Individual Plan of Care
- ☐ Psychological Report
- ☐ ICAP
- ☐ IBA History
- ☐ Previous CRT and/or ECC Decisions
- ☐ List of staff members scheduled per shift and other participants in the residential group home or day habilitation facility site using the Schedule of Care form.

If Loss of Primary Caregiver:

- ☐ Out of Home Placement Request
- ☐ Letter from caregiver's primary physician
- ☐ Proof of loss of caregiver (obituary, written evidence that person left)
- ☐ Recommendations from Wy Health Review
- ☐ DFS documentation substantiating Abuse, Neglect, Exploitation, or Intimidation (email, report, etc.)
- ☐ Supporting medical documentation
- ☐ Supporting letters from physician or specialist on letterhead, signed and dated
- ☐ If a person is on parole, court documentation and/or documentation from the person's parole officer



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If Behavioral:

- ☐ Functional Behavior Analysis
- ☐ Positive Behavior Support Plan (PBSP)

If Medical:

- ☐ Recommendations from Wy Health review
- ☐ Protocols (i.e. medical, mealtime, seizure, positioning, etc.)
- ☐ Doctor's Orders (i.e. for nursing, therapy, specific equipment, or other services, etc.)

If Out-of-Home Placement:

- ☐ Out of Home Placement Request
- ☐ Letter from caregiver's primary physician
- ☐ Proof of Loss of Caregiver (obituary, written evidence that person left)
- ☐ If request is due to maladaptive behaviors
 - ☐ Summary of behavior data for 3-6 months, including type of behaviors, frequency and intensity, antecedents, de-escalation techniques used, use of restrictions, restraints, and PRN medications. Graphs can be helpful.
 - ☐ Functional Behavior Analysis
 - ☐ Positive Behavior Support Plan (PBSP)
 - ☐ Summary of how the PBSP has been revised over the past 6 months in response to behavior
- ☐ Recommendations from WY Health review
- ☐ DFS documentation substantiating Abuse, Neglect, Exploitation, or Intimidation (email, report, etc.)
- ☐ Supporting medical documentation
- ☐ Supporting letters from physician or specialist on letterhead, signed and dated
- ☐ If a person is on parole, court documentation and/or documentation from the person's parole officer